



**March 3, 2011**

**Main Office**

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**Testimony related to the Governor's recommended budget and proposed  
Adjustments to the DCF Group Home Service Model**

My name is Danielle Tope and I am a clinical psychologist and Coordinator of three therapeutic group homes, as well as an active member of Connecticut Nonprofits and the Intensive Treatment and Transition Services Division.

**Tri-County Schools**

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I am writing in regard to the proposal to change the Group Home Service Model, specifically to reduce the level of administrative and clinical oversight in therapeutic group homes by reducing nursing hours and sharing Program Directors.

**Foster Care Services**

**Northeast Office**

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Rather than simply dictating a change in the service model, I urge you to consider allowing the specific group home providers to make the most clinically appropriate adjustments and find the savings within their budget. The three group homes I oversee serve adolescents with mental health issues and behavioral difficulties, including problem sexual behavior. While the population of youth served in each home is very similar, their clinical needs are very different and tend to shift with the specific cohort of clients.

**Chaplin House**

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Chaplin, CT 06235  
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In one program the clients have very few medical and psychiatric needs. They seldom go to the doctor and few take medication. This program could readily find savings in nursing and psychiatry coverage. However, in another program there are several clients with extremely complex medical needs and a complicated medication regiment. If forced to reduce the current level of nursing coverage we would be unable to serve some, if not all of these clients.

**Hampton House**

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Similarly, two of my programs serve youth with problem sexual behavior. These clients present with intense clinical issues and unique challenges when interacting in the community. The Program Directors in these programs serve a critical function in supporting the Program Clinician and ensuring the safety of the client and the local community. When these youth begin to struggle, there is often a slow and subtle progression to more aggressive behavior. The Program Director's oversight of the

**Horizon House**

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staff and the daily client-staff interactions is critical. The staff in these programs need a higher level of training and ongoing support to make clinically informed decisions. If the Program Director's were required to divide their time between two programs, the results could be disastrous.

If cuts are needed in the therapeutic group homes, I strongly urge you to identify the savings required in each group home then amend the contracts in a way that would allow providers to determine how to best serve their clients. It is critical that we be afforded the flexibility to generate creative solutions that meet the individualized needs of the youth in our care.

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Northeast Center for Youth and Families